



**Spring Focus Workshop
Scientific, Regulatory and Technology Challenges
in the Development of Oligonucleotide and Peptide Drugs**

Just as oligonucleotides aren't peptides either...

Cecilia Arfvidsson, on behalf of the EBF

8-9 June 2023 – Malaga, Spain

Take home messages from this goodiebag

- Oligos \neq small molecules
- Opportunity to make the undruggable druggable
- Different modes of action
- Limited cellular uptake triggered
 - Chemical evolution and optimisation
 - Targeting strategies
- Complex bioanalytical requirements
 - ‘Novel’ analytical method may have to be explored
 - Multiple approaches often required
 - Platform strategies may be applied

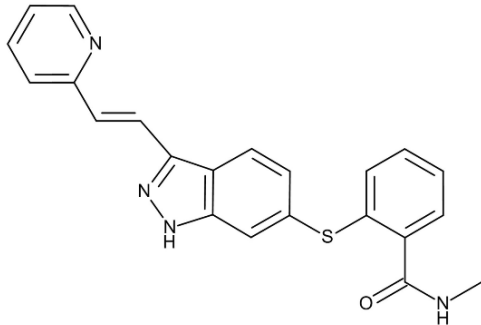


Those were the times when...



Expanding pharmaceutical approaches

Small Molecules

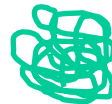


Axitinib (Inlyta, Pfizer); $C_{22}H_{16}N_4OS$; MW = 386

Large Molecules



Antibodies



Protein & peptides

New Modalities

Oligonucleotides and active metabolites

- ASO
- anti-miR
- siRNA

modified mRNA

mRNA

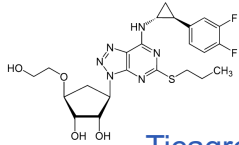


Nucleotide based therapeutics ≠ small molecules

➤ Size



Acetylsalicylic acid



Ticagrelor, Brilinta/Brilique

Representative
20-mer ASO

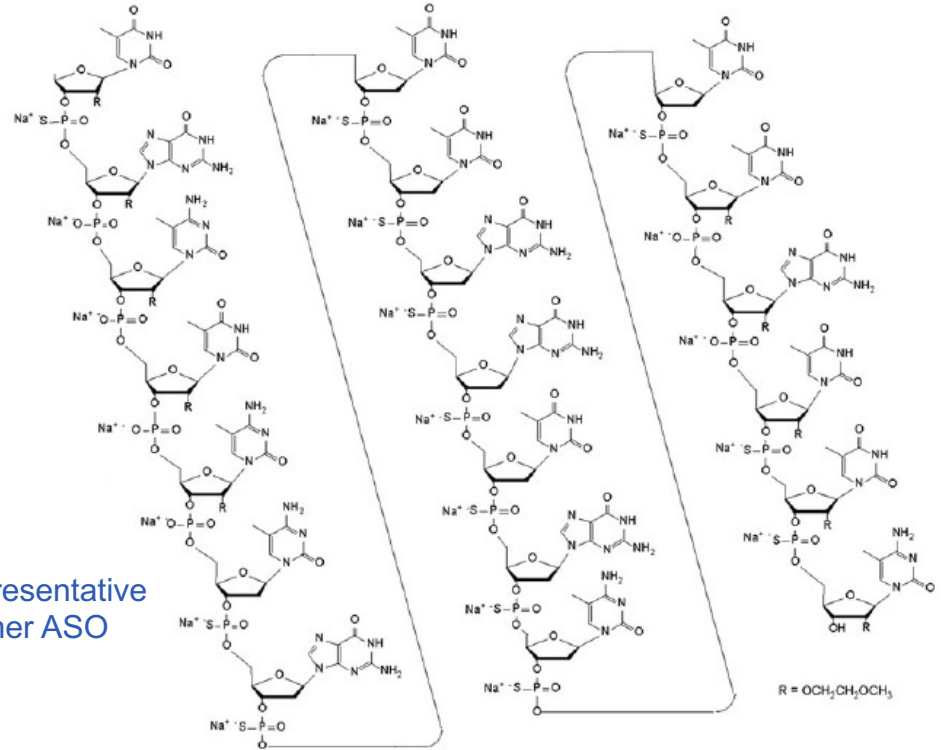
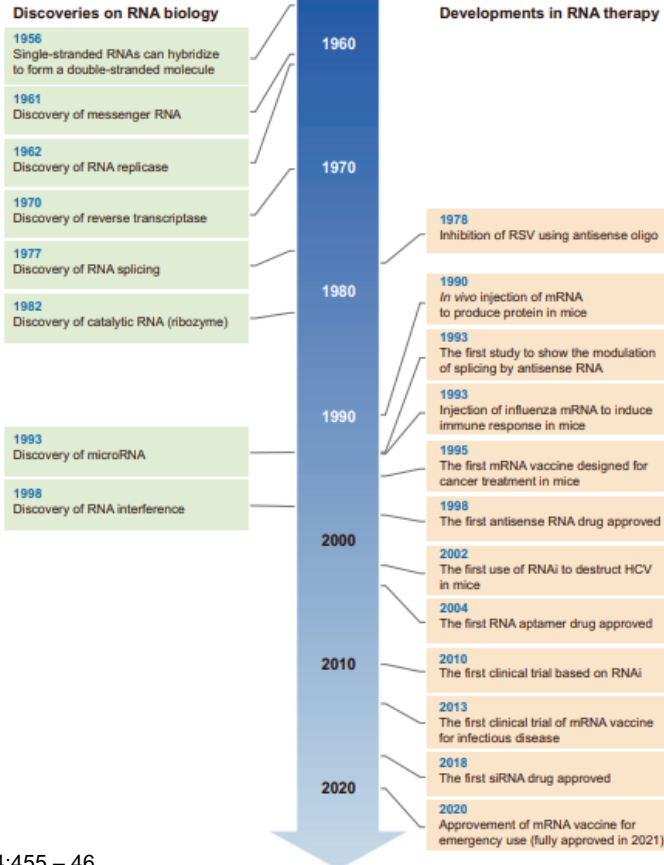


FIG. 1. Chemical Structure of ISIS 681257.

What are oligonucleotide drugs?

- Small pieces of modified DNA or RNA
 - Single or double stranded
 - Synthesized from chemically modified nucleotides
- Target RNA in a sequence specific manner (Watson-Crick base pairing) and intervene at genetic level
- With the aim to modulate biological pathways to cure a specific condition.
 - Knockdown of toxic protein
 - Restoration of missing protein

Evolution of RNA biology and therapeutics



1956
 First nucleic acid hybridization reactions published - RNA can form a similar configuration to DNA based on the same complementarity in its base-pairing

1978
 The first application of RNA base-pairing for therapeutic purposes - design of an antisense oligonucleotide (ASO) targeting the Rous sarcoma virus (RSV) to inhibit viral replication.

1993
 1998
 Formed the basis for the discovery of microRNA (miRNA) and RNA interference

1998
 First drug using an ASO was approved by the FDA

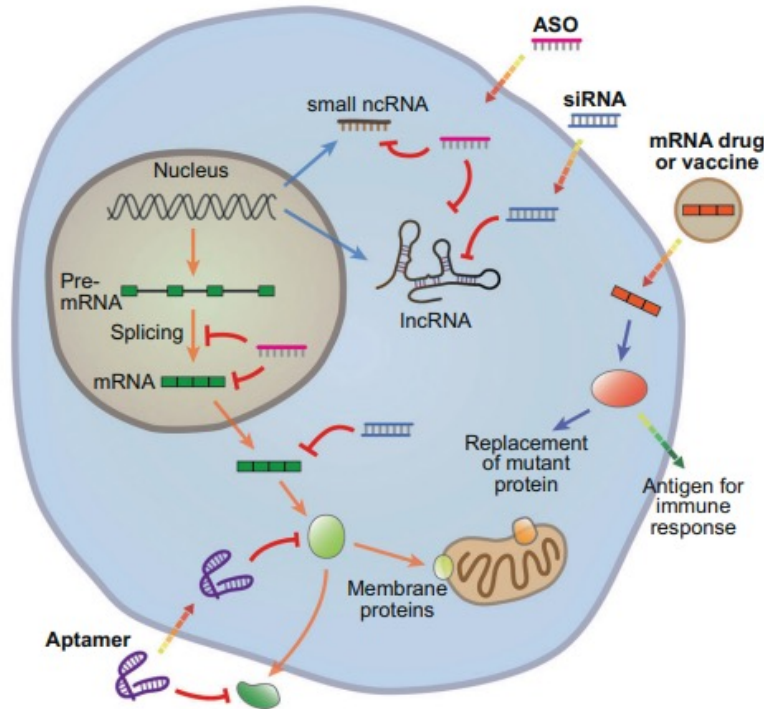
2018
 First small interfering RNA (siRNA) drug approved

Nucleotide modes of action

RNA-based drugs can target various steps involved in the expression of both protein-coding and noncoding genes.

Antisense oligonucleotides (ASOs) modulate the expression of target RNAs via sequence-specific binding and can modulate splicing or induce RNase H-mediated degradation of the target mRNA

Aptamers bind to their target protein, to modulate their function.



small interfering RNAs (siRNAs) use the endogenous RNA interference (RNAi) pathway to modulate the expression of their target RNAs. Through the interaction with the Argonate (AGO) protein siRNA produce a binding complex that recognizes its target mRNA and then induces its sequence-specific cleavage.

Exogenous mRNAs function as direct template for protein translation, either intracellular to replace or supplement endogenous protein or as antigens to elicit a targeted immune response

Oligonucleotide based drugs - hybridisation dependent and independent mode of action

Hybridisation dependent

—————
T G C T G C A T C G T A
A U C G A C G A C G U A G C A U G C U G

- siRNA
- ASO
- Splice modifying oligos
- miR (microRNA)
- Anti-microRNA
- PGE (Precision Genome Editing)

Hybridisation independent



- Aptamers
- Immunostimulatory (CpG) oligos
- mRNA

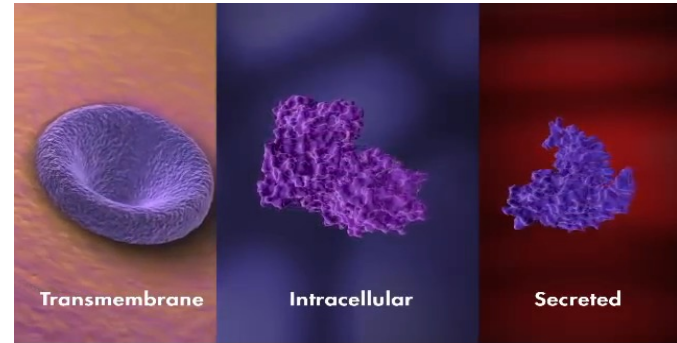
An exciting drug development area - targeting undruggable targets

RNA
Therapeutics

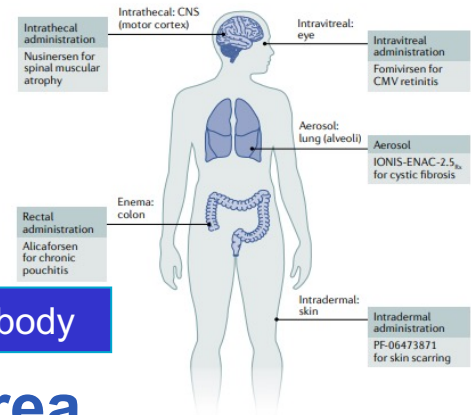
New way to treat
diseases

Encoding a protein fine
tunes the efficacious effect

Potential to target any type of protein



Potential to target any region of body

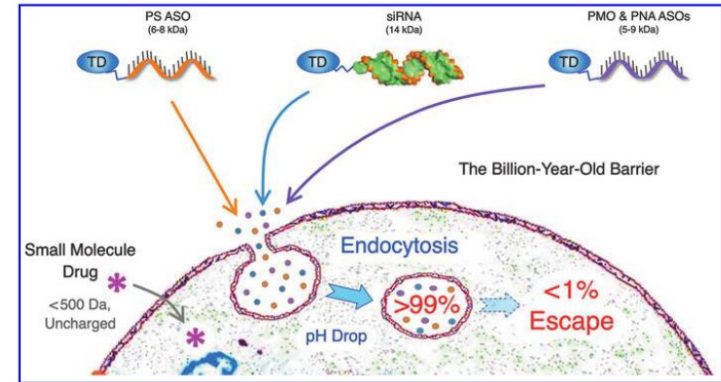


Potential to target any disease area

Oligonucleotide classes have different properties

- Mechanism of action
 - Intra-cellularly
 - antisense, anti-miR, siRNA, splice-correction, aptamer, miR mimic etc
- Oligo design
 - Single or double stranded, length, gapmer or non-gapmer, phosphate overhangs etc.
- Chemistry
 - Charged phosphorothioate backbone or not; 2' ribose modifications: O-ME, MOE, LNA, cEt, 2'F; conjugations (e.g. GalNAc)
- Administration vehicle
 - Lipid formulation or saline
- Exposure – often short in circulation due to endosome uptake, often long in target tissue

Example on ASO/siRNA delivery to target cell



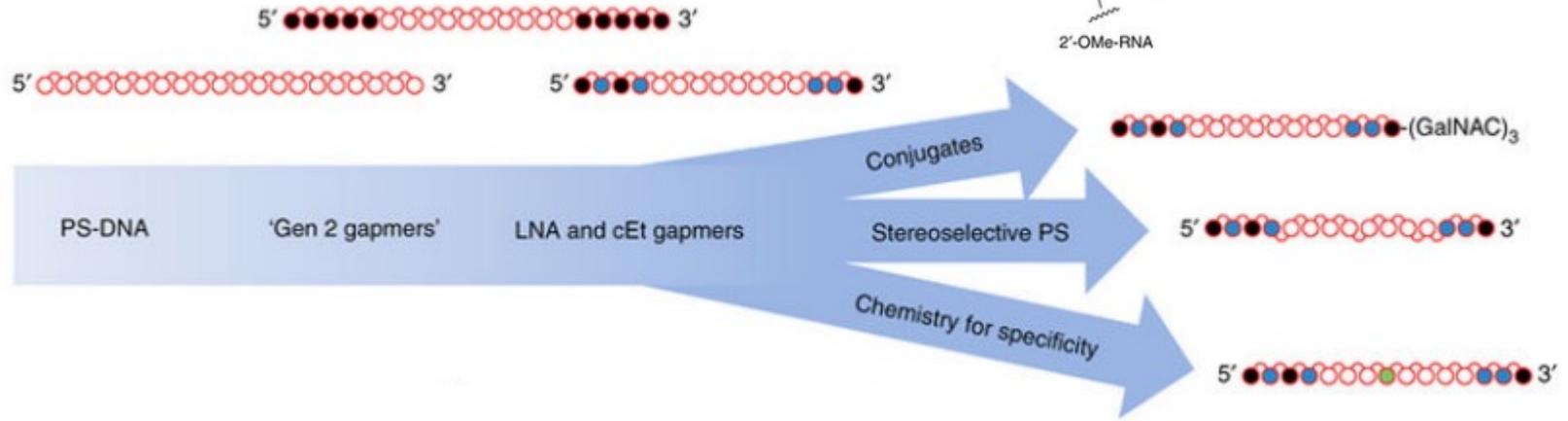
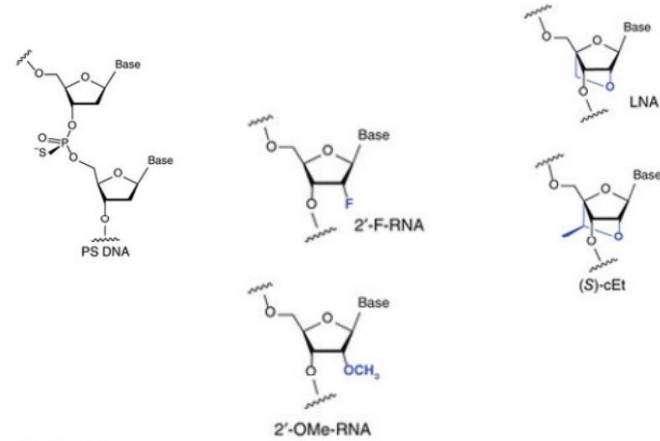
Delivery of RNA Therapeutics: The Great Endosomal Escape!
Nucleic Acid Therapeutics Vol. 32, No. 5 Review 2022

Direct comparisons can be made within a class only

Evolution of ASO technology

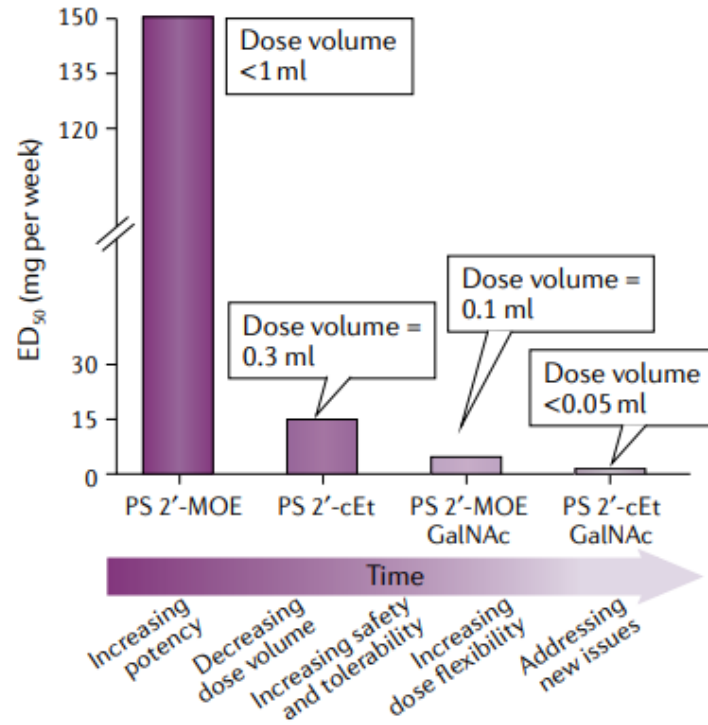
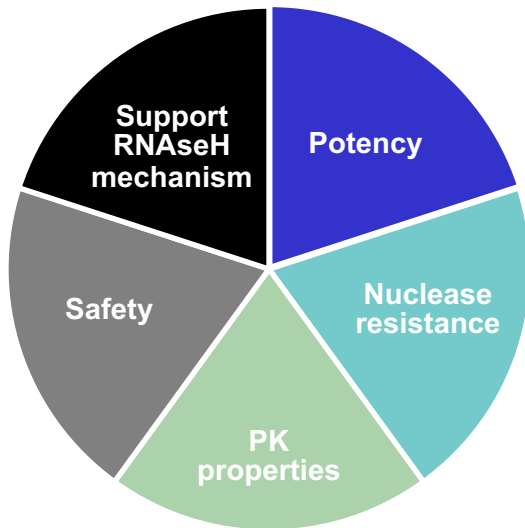
Key steps for ASO technology maturation:

- Phosphorothioate backbone
- Gapmer design with MOE 2' ribose modifications
- LNA and cEt bridged 2' ribose modifications
- GalNAc conjugates



ASO chemistry optimisation

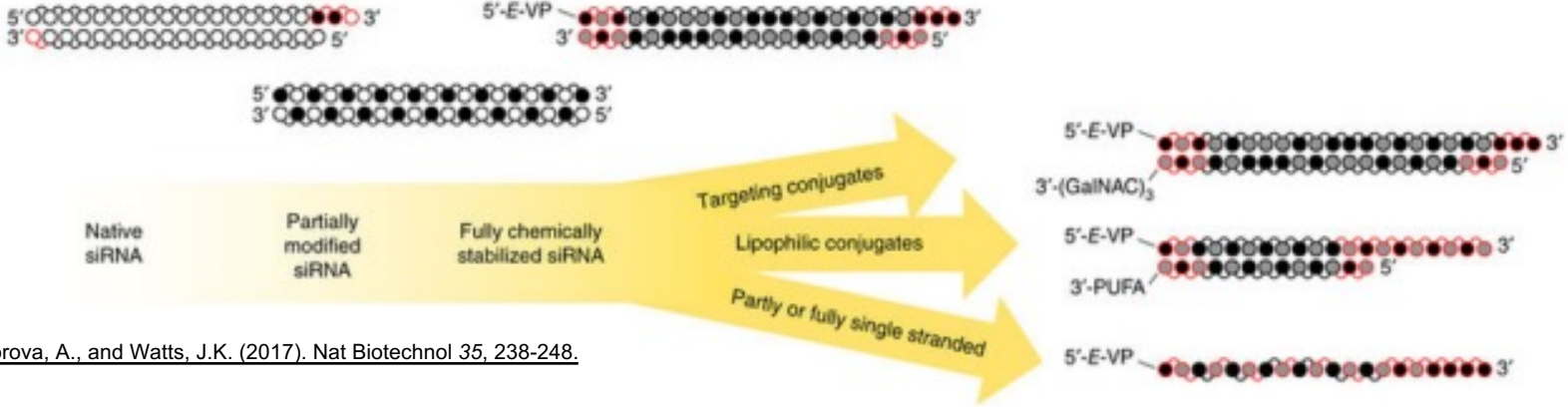
➤ Balance of several properties



S.T Crooke et al. Nature Reviews, volume 20 (2021)

Evolution of siRNA technology

siRNA technology maturation



Khvorova, A., and Watts, J.K. (2017). Nat Biotechnol 35, 238-248.

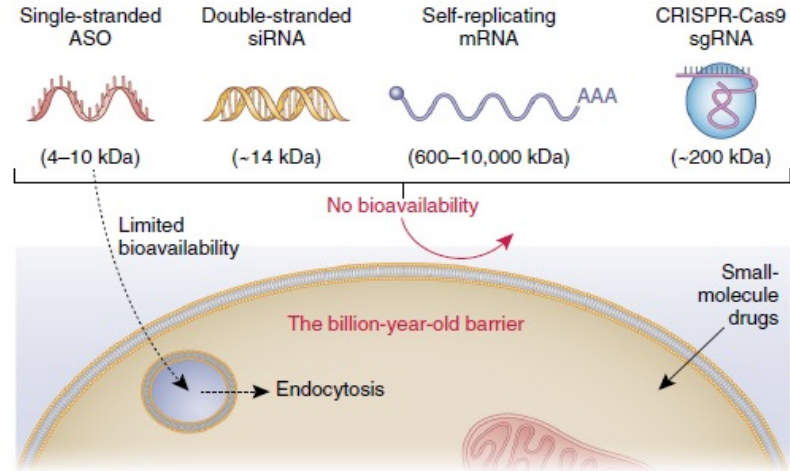
Key steps for siRNA technology maturation

- Minor stabilizing modifications delivered in LNP
- Extensive modifications (2'F, O-ME, PS backbone)
- Stabilized 5'Phosphate group 5'E-VP
- GalNac conjugates allowed moving away from LNP to saline injections only

How to overcome a billion years of evolutionary defenses that have kept RNAs on the outside of cells from invading the inside of cells?

The lipid bilayer was fundamental in creating life and in protecting it from invading RNAs...

- allowing small neutral, slightly hydrophobic molecules <1,000 Da to passively diffuse across
- preventing large, charged molecules, like RNAs, from crossing

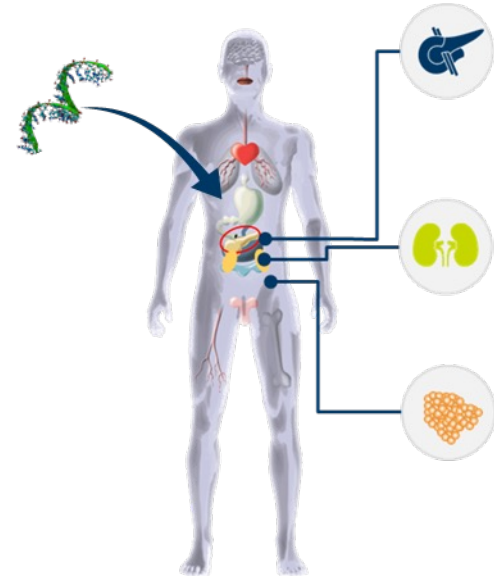
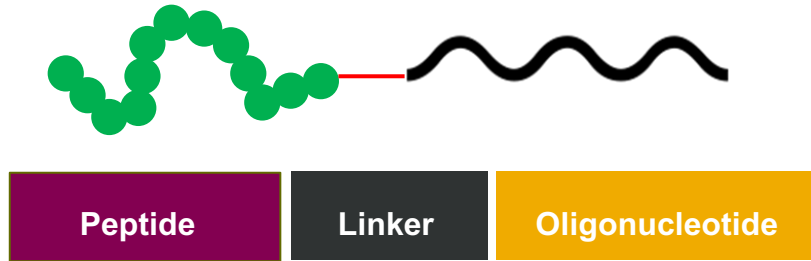


Debbie Maizels/Springer Nature

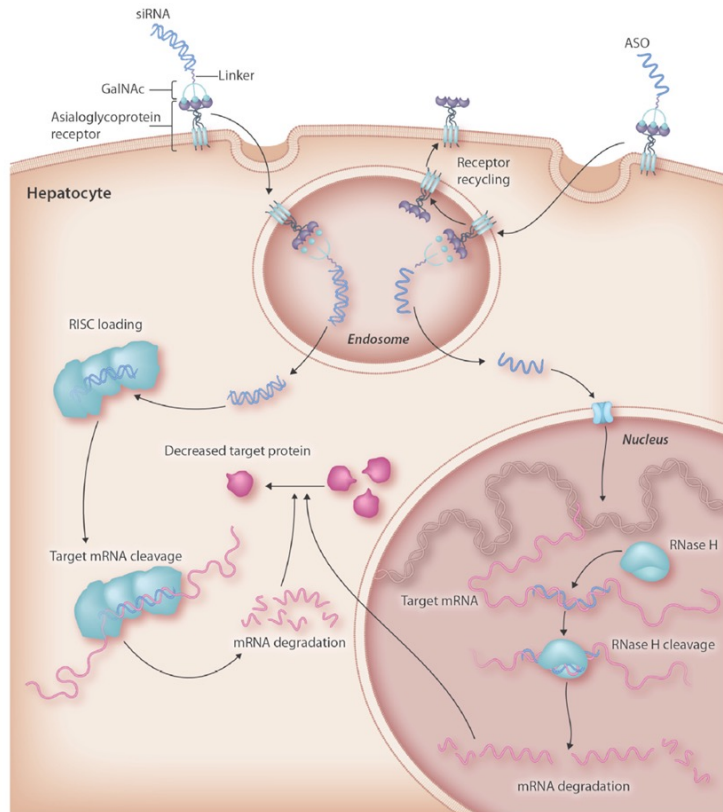
Figure 1 The four-billion-year-old lipid bilayer protects cells from invading RNAs. Unlike small-molecule drugs that can slip across the lipid bilayer, with the exception of some single-stranded phosphorothioate ASOs that can productively enter cells, the vast majority of RNA-based therapeutics are too charged and/or too large to enter cells, and require a delivery agent.

Targeting strategies for ASOs and siRNA

- Increase drug efficacy/potency
- Minimise off target effects
- Target specific receptors using ligands enhancing functional uptake



Liver targeted delivery of GalNAc conjugated siRNA & ASO



- Liver hepatocytes express the asialoglycoprotein receptor (ASGPR)
- GalNAc binds to the ASGPR and is taken up in endosomes
- In endosomes the conjugate dissociates from the receptor and GalNAc sugars and branches are lysed
- The oligonucleotide escapes into the cytoplasm (poorly understood mechanism)

Human mRNA expression



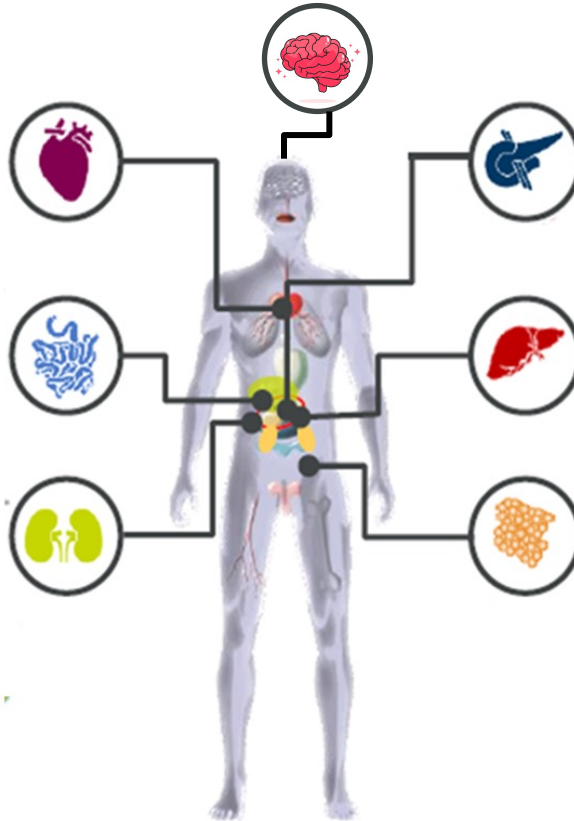
ASGPR1

ASGPR2

Targeting beyond the liver

Hydrophobic modification of siRNAs with fatty acids or cholesterol has been explored as a delivery strategy

Kidney will likely be the next tissue clinically targetable by systemically delivered RNAi.



Conjugate-mediated delivery of oligonucleotides to non-primary tissues, including **heart, pancreas, lung, and tumor** will require further advances in chemistry to take advantage of mechanisms driving oligonucleotide clearance, tissue distribution, cellular uptake and endosomal escape.

Regulatory landscape

EUROPEAN MEDICINES AGENCY

 SCIENCE MEDICINES HEALTH

20 July 2017

 EMA/CMP/SH/28267/07 Rev. 1

 Committee for Medicinal Products for Human Use (CHMP)

Guideline on strategies to identify and mitigate risks for first-in-human and early clinical trials with investigational medicinal products

Adopted by CHMP for release for consultation	10 November 2016
Start of public consultation	15 November 2016
End of consultation (deadline for comments)	28 February 2017
Adopted by CHMP	20 July 2017

NON-CLINICAL PK package: ASOs are regarded as small molecules

From ICH M3: *"For products using innovative therapeutic modalities (e.g., siRNA), as well as vaccine adjuvants, particular studies can be abbreviated, deferred, omitted, or added."*

Strategies and justifications need to be confirmed at interactions with the Health Authorities

December 2009

 EMA/CMP/SH/28267/09

ICH guideline M3(R2) on non-clinical safety studies for the conduct of human clinical trials and marketing authorisation for pharmaceuticals

Step 5

Transmission to CHMP	July 2008
	July 2008
	October 2008
	June 2009
	December 2009

Clinical Pharmacology Considerations for the Development of Oligonucleotide Therapeutics

Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only. Comments and suggestions regarding this draft document should be submitted within 90 days of publication in the Federal Register of the notice announcing the availability of the draft guidance. Submit electronic comments to: www.fda.gov/oc/ohrt. Submit written comments to the Dockets Management Staff (DMD-1), Food and Drug Administration, 5610 Fishers Lane, Room 1085, Bethesda, MD 20814. All comments should be identified with the docket number listed in the notice of availability that publishes in the Federal Register.

For questions regarding this draft document, contact CDER's Office of Clinical Pharmacology Guidance and Policy at CDER_OCP@FDA.hhs.gov.

U.S. Department of Health and Human Services

 Food and Drug Administration

 Center for Drug Evaluation and Research (CDER)

June 2022

 Clinical Pharmacology

June 2022; Draft FDA guidance for the development of oligonucleotides: *"Characterize relevant metabolites using appropriate analytical methods"*



Session 6 *'Do metabolite quantification strategies need to change'*

Session 3/5 *'More than one way to skin a cat'*

Session 4 *'Immunogenicity ...'*

Session 2 *'Preparing for success = preparing early'*

Biodistribution / modelling

- Does the oligo reach the intended site of action?
- What happens to the targeting agent?

Biotransformation

- What metabolites are formed?
- How do they contribute to overall activity and safety?

Half Life

- *In vivo* stability of the linker?
- Analytical methods are not always mutually compatible

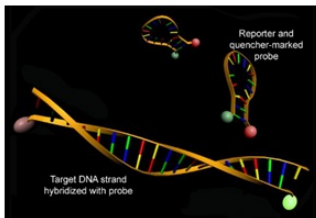
Immunogenicity

- Specificity to oligo or targeting agent?
- How does this impact uptake to target tissue?

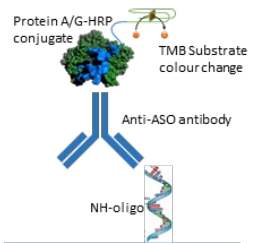


Different analytical methods and approaches have to be explored

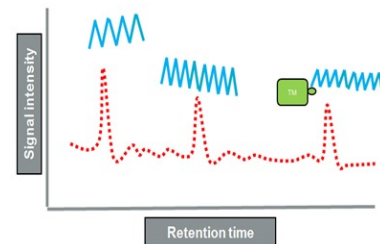
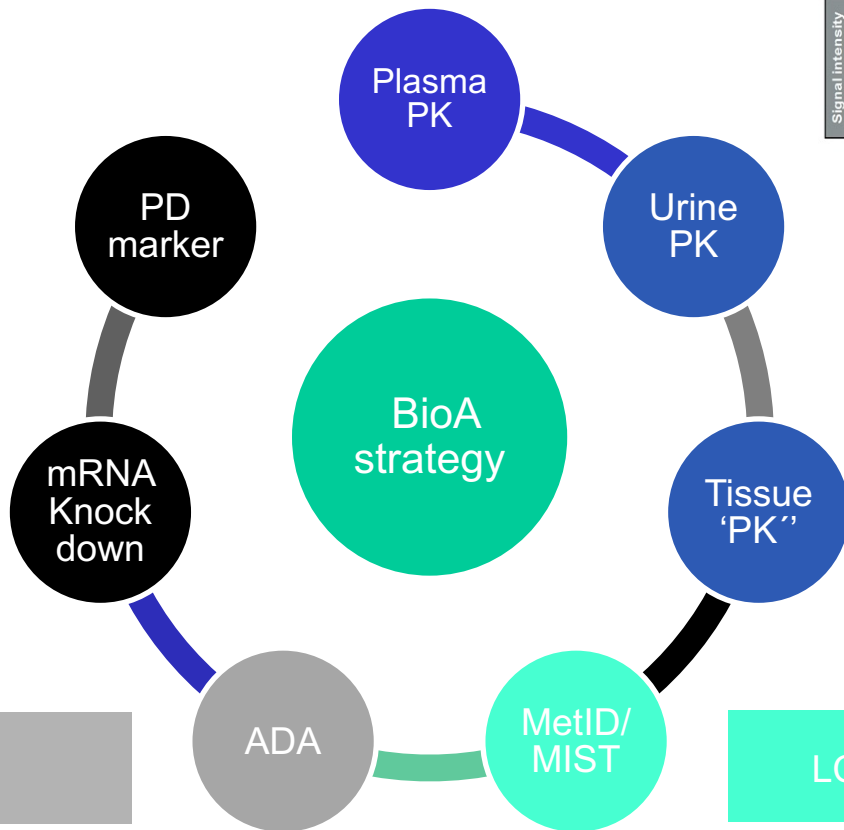
Complex BioA strategy with multiple assays and platforms



PCR



ELISA



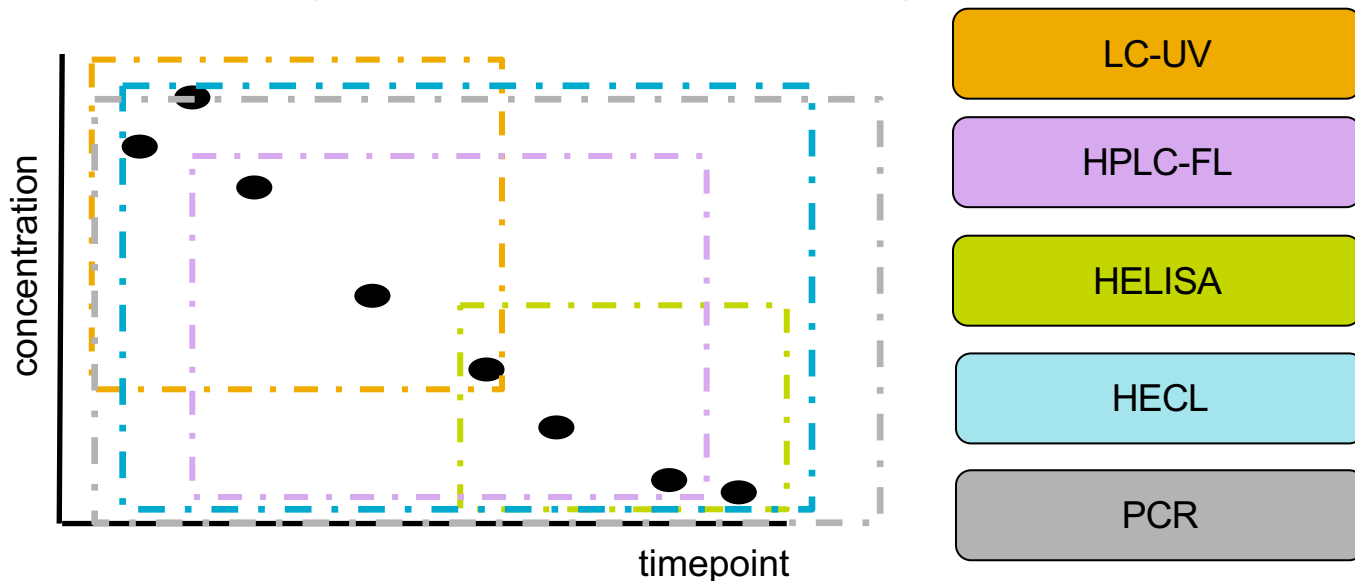
LC-MS/MS,
Hybridisation Assay
(ELISA, ECL LC-FI,
Gyros), PCR



LC-MS or LC/UV

PK assay considerations - sensitivity vs. specificity/selectivity

- Oligonucleotides accumulate in tissues (to high concentrations)
- At later timepoints and for quantification in plasma it is often necessary to use more sensitive methods (HPLC-FL or HELISA/HECL)



Multiple bioanalytical approaches often required

For further consideration



- Multiple approaches are often applied for oligonucleotides
 - What value may the BioA scientist add to the cross functional team discussions to ensure that the data is used in an optimal as well as accurate way?

- The need for complex bioanalytical solutions to support oligonucleotides in combination with unclear regulatory requirements may easily trigger an uncertainty to what is needed and results in that we do too much ...
 - Should we always measure just because we can?
 - What are the BioA lab's responsibilities and possible role to challenge what endpoints that are assessed?
 - What platform strategies and historical data may be considered?

Questions



Acknowledgements

- EBF OC
- EBF community

Contact Information

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